

# Horses And Hounds Stables, Inc.

1470 Albany Post Rd, Gardiner NY 12525

(845) 895-9376 [DM@hvc.rr.com](mailto:DM@hvc.rr.com)

# Summer Schooling Show Series

Show Date (circle one)

Rider No. \_\_\_\_\_

May 22<sup>nd</sup> May 23<sup>rd</sup>

Only One Horse/Rider/Date Per Entry Form- Please Print Clearly

Rider: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Jr/Sr

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

| Name of Horse | Breed | Color | Sex | Height | Age |
|---------------|-------|-------|-----|--------|-----|
|               |       |       |     |        |     |

Owner: \_\_\_\_\_

Trainer: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

| Class No. | Class Description | Fee |
|-----------|-------------------|-----|
|           |                   |     |
|           |                   |     |
|           |                   |     |
|           |                   |     |
|           |                   |     |
|           |                   |     |
|           | <b>Total</b>      |     |

Release: I Agree in consideration for my participation in this Competition at Horses And Hounds Stables, Inc., to the following: I Agree that I choose to participate voluntarily in the Competition with my horse as a rider, driver, handler, longeur, lessee, owner, agent, coach, trainer, or as a parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the Competition involve inherent dangerous risks of accident, loss and serious bodily injury incurring broken bones, head injuries, trauma, pain, suffering, or death. I hereby assume this risk and further do hereby release and hold harmless and indemnify Horses And Hounds Stables, Inc. and it's owners, the organizer, organizing committee, judges and officials, their officers, agents, employees and volunteers, the host of this event or owners of the property from all liability for negligence or any responsibility for accidents, damage, injury or illness to myself, owners, lessee, trainers, handlers, riders, employees, attendants, spectators, or any other person or property whatsoever including the horse or horses which I will compete at this event. I represent that I have the requisite training, coaching and abilities to safely compete in this competition. I understand that ASTM helmets are required for all riders. By entering and signing all forms, I agree to the above statement. If I am the parent or guardian of a junior exhibitor, I consent to the child's participation and agree to the above statement.

Rider \_\_\_\_\_ Owner/Agent \_\_\_\_\_ Trainer \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Print Name: \_\_\_\_\_ Print Name: \_\_\_\_\_

Parent/Guardian Signature (Required if rider is under 18) \_\_\_\_\_

Print Parent/Guardian Print Name: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone No. (\_\_\_\_) \_\_\_\_\_